

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: JEANNE WORMSER / SHAKLEE
BUSINESS STREET ADDRESS: 7421 SW 39 St, Davie ZIP 33314
BUSINESS MAILING ADDRESS: same ZIP _____
BUSINESS PHONE: 475-8511
DESCRIBE TYPE OF BUSINESS: Health and Wellness
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____ Distributor

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JEANNE WORMSER</u>	<u>7421 SW 39 St.</u>	<u>DAVIE 33314</u>	<u>475-8511</u>

2. _____
Federal ID Number or Social Security Number 7

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

JEANNE WORMSER OWNER
Print Owner or Officers Name and Title

Jeannie Wormser
Signature of Owner or Officer

Office Use Only: Date <u>12/19/01</u>	Category <u>07300</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>105</u>	Rec# _____	New _____	Trans _____
License # <u>02-16152</u>	Control # <u>13484</u>	Zoning <u>R-1</u>				
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Jat</u>	Date <u>1/16/02</u>				
Town Council Date _____	Approved _____	Denied _____				
Tabled To _____	Approved _____	Denied _____				
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION